

LIMITED LIABILITY COMPANY

L-LLC (01/2016)

This Limited Liability Company form should be completed for original applications or for changes of officers, managers, and members holding ownership in this business. This form is included in the Business Packet (L-B) for new applicants. License/Permit holders reporting changes use Business Packet for Reporting Changes (L-BRC).

For more information contact your local TABC office or visit us at: www.tabc.texas.gov									
ENTITY INFORMATION									
1. Federal Employer Identification Number (FEIN)									
2. Business Entity Name									
3. Filing Number									
4. Date Filed (mm/dd/yyyy)		State	Class and Number of Mer	emberships or Units Issued					
LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION									
Officer Mana	iger 🗌 Membe	er							
SSN	Issuing State/D	L No.	Date of Birth (mm/dd/yyyy)	Percent Membership or Units Held					
Last Name			First Name		MI	Title			
☐ Officer ☐ Manager ☐ Member									
SSN	Issuing State/D	L No.	Date of Birth (mm/dd/yyyy)	Percent Membership or Units Held					
Last Name			First Name		MI	Title			
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SSN	Issuing State/D	L No.	Date of Birth (mm/dd/yyyy)	Percent Mer	mbershi	p or Units Held			
Last Name			First Name		MI	Title			

LIMITED LIABILITY COMPANY OWNERSHIP INFORMATION CONTINUED								
☐ Officer ☐ Manager ☐ Member								
SSN	Issuing State/DL No.	Date of Birth (mm/dd/yyyy)	Percent Membership or Units Held					
Last Name		First Name	МІ	Title				
Officer Mana	ager 🗌 Member							
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IF YOU NEED MORE SPACE USE ADDITIONAL COPIES OF THIS PAGE								